D/AAB Diversity Working Group Involvement Application

Applie	cant's Name		
Z Number		Job Classification	
Group	o/Office	Mail Stop	
Phone	e E- mail	Number of Years at Lab	
	oyment (please check one) UC Contractor/Sub Contractor Student		
(optio	nal):This information will be used	d in enhancing the diverse viewpoints of the working groups.	
	Gender	Ethnicity/Culture	
2.	What talents, skills, and/or experiments working Group? What would you personally like. Are you currently a member of a	rience are you prepared to share and/or develop with the Diversity to accomplish as a member of a working group or the D/AAB?	
Applio	cant's printed name cant's signature	Date	
Mana	ger, please check all that you are a	approving:	

10% time commitment	to support diversity issues		
Task/Issue Team Memb	per (limited term)		
I approve			
I disapprove			
Supervisor's printed name	Supervisor's Signature	Date	
Manager's printed name	Manager's Signature	Date	
Please send completed form t	o: Danny Valdez, Diversity	Office MS M894	
	Or FAX to 667-6404.	Office, MIS MIO/4	
For additional information, cor	tact Danny Valdez at 665-72	15 <u>dlvaldez@lanl.gov</u> .	
For DVO use only			
Working Group/task-issue tear	n applying for		
Diversity Director Approval			
		Juic	
Term:/ to/_	/		

Original to Working Group Chair/D/AAB chair/ Copy to DVO-DWG/D/AAB File Copy to Diversity Director File